Meeting of empowered action group for stabilisation of population

3687. SHRI R.S. GAVAI: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state :

(a) whether the meeting of newly-formed empowered action group for stabilisation of population in eight economically backward States was held at New Delhi.

(b) if so, the outcome of the meeting;

(c) whether Government have decided to introduce the injectable contraceptive Net N in the country on a trial basis;

(d) if so, the details thereof; and

(e) the other measures proposed in the meeting to contain population growth in these States?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI A. RAJA): (a) Yes, Sir. The first meeting of Empowered Action Group was held at Vigyan Bhavan, New Delhi, on 18 June, 2001.

(b) The Action points for State Government, other Ministries/Departments and for the Department of Family Welfare on decisions taken during the meeting are given in the statement, *{see* below)

(c) The Government has no plan to introduce the injectable contraceptive Net N in the National Family Welfare Programme.

(d) Does not arise.

(e) The measures proposed to contain population growth are included in the Action points on decisions taken during the meeting.

Statement

Action points identified during First Business Session ofEAG held on 18-6-2001 under the chairpersonship of Dr. C.P. Thakur, Minister for Health and Family Welfare

(A) *Action Points for States*

The EAG resolved to work with the participating State in formulating their action plan for improving the service delivery. It was agreed that the plans will be prepared on the basis of the following :

(i) State presentations demonstrated that services can be improved by making better use of resources such as multi-skilling of paramedical workers, multi-use of buildings, improving logistics management,

allowing hospitals to retain user charge collections and use the same for facility improvement and so on. In other words, while additional resources may be necessary, the convergence issues must be addressed as first priority. Therefore, proposals for resolving the systemic issues relating to key areas such as human resources management, logistics management, mainstreaming of Indian System of Medicine practitioners, integration of vertical societies of State and district levels, regular release of funds to operational levels, joint planning/training for the field staff of the cognate departments, greater autonomy to the districts and within districts, to hospitals and Panchayati Raj Institutions should be integral parts of the plan.

(ii) Within a State incremental investments (that may be provided by the EAG) will be aimed at bridging the intra-state demographic divide. A key objective in this regard would be to ensure, through a systemic restructuring of manpower in association with physical improvement, that the distant and sub-dividional hospitals in the backward districts in a State provide the full range of RCH services including 24 hour availability of emergency obstetric services.

(iii) The new States—Chhattisgarh, Jharkhand and Uttaranchal may include in their plans proposals for strengthening their planning and monitoring infrastructure.

(B) *Action points for other Ministries/Departments*

(i) A major proportion of the funds available under the Rural Connectivity Scheme, Drinking Water Supply Scheme, the Swaran Jayanti Gram Swarojgar Yojana Scheme and other centrally sponsored schemes of the Department of Rural Development, should be directed in the backward districts. Proposals for utilisation of the Central Assistance for these schemes will be integral to the State Plan.

(ii) It should be possible to utilise the funds available under Pradhan Mantri Gramodaya Yojana for primary education to enhance female literacy in EAG districts.

(C) *Action points for Department of Family Welfare*

(i) The Department of Family Welfare will review the Community Needs Assessment Approach forms and guidelines to make them short and simple. Financial help and technical assistance will also be made available for fresh training, wherever States expressed such need. .

(ii) The Department of Family Welfare will review the provisions of the Medical Termination of Pregnancy Act *vis-a-vis* the Prenatal Diagnostic Technique Act, to examine whether the provisions of the two may be inconsistent.

(iii) The Department of Family Welfare will also review, in collaboration with the Medical Council of India, the standards laid down for laparscopic ligation so as to enable the MBBS doctors to perform such operations.

(iv) The EAG will help the States to formulate a suitable indemnity insurance scheme for the public sector doctors to protect them against claims arising from failed sterilization operations.

(v) The Department of Family Welfare Link Officers (and the representatives of donor agencies active in the State) will actively participate in the preparation of the State plans. If necessary, the EAG may arrange additional technical assistance for a State to facilitate the plan preparation exercise.

(vi) The EAG will give particular attention to systemic changes. In this regard, the EAG will seek to facilitate the change process by (a) appropriate policy development at the Centre, (b) provision of technical assistance to States, and (c) closer monitoring and accountability. The EAG will facilitate the process of learning through exchange of experiences, within the country.

(vii) The EAG States will be encouraged to introduce improved contraceptives in a phased manner and the EAG will seek to mobilize additional resources for this purpose, if necesary.

(viii) 100% of requirement of condoms in these eight States of EAG for next three years will be met provided the state Government ensure minimum wastage and maximum availability of condoms to the people, as per their needs.

(ix) Each EAG state may organize 5 Health Melas in 2001 -02, for which funds will be made available by Department of Family Welfare.

(x) To ensure ready availability of drugs to the needy and for maintainning strong logistics management system through the computer for various activities of supply Hindustan Latex Limited will provide the support for logistics in there eight States.

(xi) An amount of Rs. 45 lakhs each released under Reproductive and Child Health Services to the states of Uttar Pradesh, Rajasthan, Madhya Pradesh, Bihar and Orissa for I EC activities with the condition to utilize 30% of the total amount on mass media activities and 70 % of the amount on sensitization purposes may be utilized to create awareness on the activities of EAG.

Water-borne diseases

3688. SHRI K. RAMA MOHANA RAO : Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether Government are aware that the water-borne diseases are on the rise in various parts of the country ; and

(b) the precautionary measures being taken by Government to prevent these diseases?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI A. RAJA): (a) and (b): The Government is aware that despite the various steps being taken, there continues to be a prevalence of water-borne diseases in some parts of the country.

The precautionary measures being taken by the Government include provision of safe drinking water and taking adequate steps to improve hygienic sanitation facilities to the vulnerable sections of the society both in rural and urban areas. Steps have also been taken to create awareness among the masses about good sanitary habits and health seeking behaviour which will contribute to reduction of incidence of water borne diseases. The Government has also initiated an Oral Rehrydration Therapy Programme and a National Surveillance Programme for Communicable Diseases as a pilot project in selected districts for detection of early warning signals of outbreaks for cholera and other diarrhoea! diseases and rapid response for prevention and control of these outbreaks.

ORS for children with diarrhoea

3689. SHRI K. RAMA MOHANA RAO j Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether it is a fact that only 27 per cent children with diarrhoea in the country receive ORS;

(b) if so, the reasons therefor;